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 1130 U.S. PTO

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|--|--------------------------------------|--------------------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br><br>(Only for new nonprovisional applications under 37 CFR 1.53(b)) | Attorney Docket No. 13DV13763        |                                      |
|  | First Inventor John D. Whitenack     |                                      |
|  | Title                                | Methods and Systems for Managing etc |
|  | Express Mail Label No. EL627656193US |                                      |

|                             |   |
|-----------------------------|---|
| <b>APPLICATION ELEMENTS</b> | <b>ADDRESS TO:</b> Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231 |
|-----------------------------|---|

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages  $\rightarrow$  17]  
*(preferred arrangement set forth below)*
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings *(if filed)*
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C. 113) [Total Sheets  $\rightarrow$  11 (informals)]
5.  Oath or Declaration (unsigned) [Total Pages  $\rightarrow$  3]
  - a.  Newly executed (original or copy)
  - b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for continuation/divisional with Box 17 completed)*
  - i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

7.  CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
  - a.  Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i.  CD-ROM or CD-R (2 copies); or
    - ii.  paper
  - c.  Statements verifying identity of above copies

|  |  |
|--|--|
| <b>ACCOMPANYING APPLICATION PARTS</b>  |  |
| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |  |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i>   |  |
| 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>   |  |
| 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |  |
| 13. <input type="checkbox"/> Preliminary Amendment   |  |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>                      |  |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>                              |  |
| 16. <input type="checkbox"/> Other: .....  |  |

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

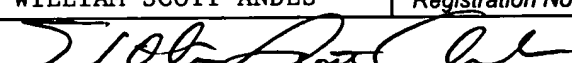
Continuation     Divisional     Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_

Prior application information:    Examiner \_\_\_\_\_    Group / Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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| Name (Print/Type) | WILLIAM SCOTT ANDES  | Registration No. (Attorney/Agent) | 33,582      |
| Signature         |  |                                   | Date 7/6/01 |

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|   |                          |                   |
|---|--------------------------|-------------------|
| <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p> | <b>Complete if Known</b> |                   |
|   | Application Number       |                   |
|   | Filing Date              |                   |
|   | First Named Inventor     | John D. Whitenack |
|   | Examiner Name            |                   |
|   | Group Art Unit           |                   |
| <b>TOTAL AMOUNT OF PAYMENT</b>  | (\$) 710.00              |                   |
|   | Attorney Docket No.      | 13DV13763         |

| <p><b>METHOD OF PAYMENT</b></p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: <input type="text" value="07-0865"/></p> <p>Deposit Account Name: <input type="text" value="General Electric Co."/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p><input type="checkbox"/> Check   <input type="checkbox"/> Credit card   <input type="checkbox"/> Money Order   <input type="checkbox"/> Other</p> <hr/> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. BASIC FILING FEE</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>101 710</td> <td>201 355</td> <td>Utility filing fee</td> <td style="text-align: right;">710</td> </tr> <tr> <td>106 320</td> <td>206 160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 490</td> <td>207 245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 710</td> <td>208 355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="text-align: right;">(\$) 710.00</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: left;">Fee from below</th> <th style="text-align: left;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td><input type="text" value="20"/></td> <td>-20** = <input type="text"/></td> <td>X <input type="text"/></td> <td>= <input type="text"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td>- 3** = <input type="text"/></td> <td>X <input type="text"/></td> <td>= <input type="text"/></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 80</td> <td>202 40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 270</td> <td>204 135</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109 80</td> <td>209 40</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="text-align: right;">(\$) 0</td> </tr> </tbody> </table> | Large Entity                 | Small Entity   | Fee Description        | Fee Paid | Fee Code (\$) | Fee Code (\$) |  |  | 101 710 | 201 355 | Utility filing fee | 710 | 106 320 | 206 160 | Design filing fee |  | 107 490 | 207 245 | Plant filing fee |  | 108 710 | 208 355 | Reissue filing fee |  | 114 150 | 214 75 | Provisional filing fee |  | <b>SUBTOTAL (1)</b> |  |  | (\$) 710.00 | Total Claims | Extra Claims | Fee from below | Fee Paid | <input type="text" value="20"/> | -20** = <input type="text"/> | X <input type="text"/> | = <input type="text"/> | <input type="text" value="3"/> | - 3** = <input type="text"/> | X <input type="text"/> | = <input type="text"/> | Multiple Dependent |  |  |  | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) |  |  | 103 18 | 203 9 | Claims in excess of 20 |  | 102 80 | 202 40 | Independent claims in excess of 3 |  | 104 270 | 204 135 | Multiple dependent claim, if not paid |  | 109 80 | 209 40 | ** Reissue independent claims over original patent |  | 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  |  | (\$) 0 | <p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Small Entity</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>105 130</td> <td>205 65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127 50</td> <td>227 25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139 130</td> <td>139 130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147 2,520</td> <td>147 2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112 920*</td> <td>112 920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113 1,840*</td> <td>113 1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115 110</td> <td>215 55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116 390</td> <td>216 195</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117 890</td> <td>217 445</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118 1,390</td> <td>218 695</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128 1,890</td> <td>228 945</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119 310</td> <td>219 155</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120 310</td> <td>220 155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121 270</td> <td>221 135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138 1,510</td> <td>138 1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140 110</td> <td>240 55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141 1,240</td> <td>241 620</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142 1,240</td> <td>242 620</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143 440</td> <td>243 220</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144 600</td> <td>244 300</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122 130</td> <td>122 130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123 50</td> <td>123 50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126 240</td> <td>126 240</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581 40</td> <td>581 40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146 710</td> <td>246 355</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149 710</td> <td>249 355</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179 710</td> <td>279 355</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169 900</td> <td>169 900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> <tr> <td colspan="3">Other fee (specify) _____</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;"><b>SUBTOTAL (3)</b></td> <td style="text-align: right;">(\$) 0</td> </tr> </tbody> </table> <p>*Reduced by Basic Filing Fee Paid</p> | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) |  |  | 105 130 | 205 65 | Surcharge - late filing fee or oath |  | 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet |  | 139 130 | 139 130 | Non-English specification |  | 147 2,520 | 147 2,520 | For filing a request for <i>ex parte</i> reexamination |  | 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action |  | 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action |  | 115 110 | 215 55 | Extension for reply within first month |  | 116 390 | 216 195 | Extension for reply within second month |  | 117 890 | 217 445 | Extension for reply within third month |  | 118 1,390 | 218 695 | Extension for reply within fourth month |  | 128 1,890 | 228 945 | Extension for reply within fifth month |  | 119 310 | 219 155 | Notice of Appeal |  | 120 310 | 220 155 | Filing a brief in support of an appeal |  | 121 270 | 221 135 | Request for oral hearing |  | 138 1,510 | 138 1,510 | Petition to institute a public use proceeding |  | 140 110 | 240 55 | Petition to revive - unavoidable |  | 141 1,240 | 241 620 | Petition to revive - unintentional |  | 142 1,240 | 242 620 | Utility issue fee (or reissue) |  | 143 440 | 243 220 | Design issue fee |  | 144 600 | 244 300 | Plant issue fee |  | 122 130 | 122 130 | Petitions to the Commissioner |  | 123 50 | 123 50 | Petitions related to provisional applications |  | 126 240 | 126 240 | Submission of Information Disclosure Stmt |  | 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) |  | 146 710 | 246 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 710 | 249 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 710 | 279 355 | Request for Continued Examination (RCE) |  | 169 900 | 169 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  | <b>SUBTOTAL (3)</b> |  |  | (\$) 0 |
|---|------------------------------|--|------------------------|----------|---------------|---------------|--|--|---------|---------|--------------------|-----|---------|---------|-------------------|--|---------|---------|------------------|--|---------|---------|--------------------|--|---------|--------|------------------------|--|---------------------|--|--|-------------|--------------|--------------|----------------|----------|---------------------------------|------------------------------|------------------------|------------------------|--------------------------------|------------------------------|------------------------|------------------------|--------------------|--|--|--|--------------|--------------|-----------------|----------|---------------|---------------|--|--|--------|-------|------------------------|--|--------|--------|-----------------------------------|--|---------|---------|---------------------------------------|--|--------|--------|--|--|--------|-------|--|--|---------------------|--|--|--------|--|--------------|--------------|-----------------|----------|---------------|---------------|--|--|---------|--------|-------------------------------------|--|--------|--------|--|--|---------|---------|---------------------------|--|-----------|-----------|--|--|----------|----------|--|--|------------|------------|---|--|---------|--------|--|--|---------|---------|---|--|---------|---------|--|--|-----------|---------|---|--|-----------|---------|--|--|---------|---------|------------------|--|---------|---------|--|--|---------|---------|--------------------------|--|-----------|-----------|---|--|---------|--------|----------------------------------|--|-----------|---------|------------------------------------|--|-----------|---------|--------------------------------|--|---------|---------|------------------|--|---------|---------|-----------------|--|---------|---------|-------------------------------|--|--------|--------|---|--|---------|---------|---|--|--------|--------|--|--|---------|---------|---|--|---------|---------|--|--|---------|---------|---|--|---------|---------|---|--|---------------------------|--|--|--|---------------------|--|--|--------|
| Large Entity  | Small Entity                 | Fee Description  | Fee Paid               |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| Fee Code (\$)   | Fee Code (\$)                |  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 101 710   | 201 355                      | Utility filing fee   | 710                    |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 106 320   | 206 160                      | Design filing fee  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 107 490   | 207 245                      | Plant filing fee   |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 108 710   | 208 355                      | Reissue filing fee   |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 114 150   | 214 75                       | Provisional filing fee   |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| <b>SUBTOTAL (1)</b>   |                              |  | (\$) 710.00            |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| Total Claims  | Extra Claims                 | Fee from below   | Fee Paid               |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| <input type="text" value="20"/>   | -20** = <input type="text"/> | X <input type="text"/>   | = <input type="text"/> |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| <input type="text" value="3"/>  | - 3** = <input type="text"/> | X <input type="text"/>   | = <input type="text"/> |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| Multiple Dependent  |                              |  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| Large Entity  | Small Entity                 | Fee Description  | Fee Paid               |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| Fee Code (\$)   | Fee Code (\$)                |  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 103 18  | 203 9                        | Claims in excess of 20   |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 102 80  | 202 40                       | Independent claims in excess of 3  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 104 270   | 204 135                      | Multiple dependent claim, if not paid                                      |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 109 80  | 209 40                       | ** Reissue independent claims over original patent                         |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 110 18  | 210 9                        | ** Reissue claims in excess of 20 and over original patent                 |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| <b>SUBTOTAL (2)</b>   |                              |  | (\$) 0                 |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| Large Entity  | Small Entity                 | Fee Description  | Fee Paid               |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| Fee Code (\$)   | Fee Code (\$)                |  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 105 130   | 205 65                       | Surcharge - late filing fee or oath  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 127 50  | 227 25                       | Surcharge - late provisional filing fee or cover sheet                     |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 139 130   | 139 130                      | Non-English specification  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 147 2,520   | 147 2,520                    | For filing a request for <i>ex parte</i> reexamination                     |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 112 920*  | 112 920*                     | Requesting publication of SIR prior to Examiner action                     |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 113 1,840*  | 113 1,840*                   | Requesting publication of SIR after Examiner action                        |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 115 110   | 215 55                       | Extension for reply within first month                                     |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 116 390   | 216 195                      | Extension for reply within second month                                    |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 117 890   | 217 445                      | Extension for reply within third month                                     |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 118 1,390   | 218 695                      | Extension for reply within fourth month                                    |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 128 1,890   | 228 945                      | Extension for reply within fifth month                                     |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 119 310   | 219 155                      | Notice of Appeal   |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 120 310   | 220 155                      | Filing a brief in support of an appeal                                     |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 121 270   | 221 135                      | Request for oral hearing   |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 138 1,510   | 138 1,510                    | Petition to institute a public use proceeding                              |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 140 110   | 240 55                       | Petition to revive - unavoidable   |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 141 1,240   | 241 620                      | Petition to revive - unintentional   |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 142 1,240   | 242 620                      | Utility issue fee (or reissue)   |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 143 440   | 243 220                      | Design issue fee   |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 144 600   | 244 300                      | Plant issue fee  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 122 130   | 122 130                      | Petitions to the Commissioner  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 123 50  | 123 50                       | Petitions related to provisional applications                              |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 126 240   | 126 240                      | Submission of Information Disclosure Stmt                                  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 581 40  | 581 40                       | Recording each patent assignment per property (times number of properties) |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 146 710   | 246 355                      | Filing a submission after final rejection (37 CFR § 1.129(a))              |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 149 710   | 249 355                      | For each additional invention to be examined (37 CFR § 1.129(b))           |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 179 710   | 279 355                      | Request for Continued Examination (RCE)                                    |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| 169 900   | 169 900                      | Request for expedited examination of a design application                  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| Other fee (specify) _____   |                              |  |                        |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |
| <b>SUBTOTAL (3)</b>   |                              |  | (\$) 0                 |          |               |               |  |  |         |         |                    |     |         |         |                   |  |         |         |                  |  |         |         |                    |  |         |        |                        |  |                     |  |  |             |              |              |                |          |                                 |                              |                        |                        |                                |                              |                        |                        |                    |  |  |  |              |              |                 |          |               |               |  |  |        |       |                        |  |        |        |                                   |  |         |         |                                       |  |        |        |  |  |        |       |  |  |                     |  |  |        |  |              |              |                 |          |               |               |  |  |         |        |                                     |  |        |        |  |  |         |         |                           |  |           |           |  |  |          |          |  |  |            |            |   |  |         |        |  |  |         |         |   |  |         |         |  |  |           |         |   |  |           |         |  |  |         |         |                  |  |         |         |  |  |         |         |                          |  |           |           |   |  |         |        |                                  |  |           |         |                                    |  |           |         |                                |  |         |         |                  |  |         |         |                 |  |         |         |                               |  |        |        |   |  |         |         |   |  |        |        |  |  |         |         |   |  |         |         |  |  |         |         |   |  |         |         |   |  |                           |  |  |  |                     |  |  |        |

|                     |                     |                                   |              |
|---------------------|---------------------|-----------------------------------|--------------|
| <b>SUBMITTED BY</b> |                     | <b>Complete (if applicable)</b>   |              |
| Name (Print/Type)   | WILLIAM SCOTT ANDES | Registration No. (Attorney/Agent) | 33,582       |
| Signature           |                     | Telephone                         | 513-243-5955 |
|                     |                     | Date                              | 7/6/01       |

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